

Washington State Department of Retirement Systems

Member Earnings Transmittal Report

Rpt Grp (Dept)	System	Plan	Reporting Period	Employer Name	Prepared by	Phone	Page
111222	T	2	07/1999	Example, School District	Dawn Riley	(360) 123-4567	1

Member Information				Earnings Information														
				Earning Period	Status	Compensation	Member Contributions		Employer Contributions		Hour/ Days		Begin Date		End Date		Seq No.	
SSN: 234 56 7890 Name: Moe, Joe				07	99	A	2000	00	120	60	238	60	80	0				
Gender: M Birth: 07 28 55 Type: 71						B	0	00	0	00	0	00	0	0				

Do *not* use status code B for an earning period after an employee has terminated employment or is no longer eligible for membership. The employee should be separated from the transmittal using status code S. (See the explanation of status code S for details.)

Status Codes B and E for LEOFF Members:

Use status code B to report a LEOFF Plan 1 or Plan 2 member on leave without pay **for more than three days** within an earning period. If the employee is on leave for part of an earning period, use two lines on the transmittal for your reporting. On the first line, use status code A to report the member's basic salary, contributions and hours of service for that portion of the month the employee worked. On the second line, use status code B. Enter a date in the begin date or end date field to indicate when the leave started or ended, and report no salary, contributions, or hours of service. (Leave without pay of three days or less does not need to be identified on the transmittal.)

Note: If you report using the multiple record layout, you do not report status codes B or E. Report disability leave using the begin and end date fields on the Employment Information Record.

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Rpt Grp (Dept)	System	Plan	Reporting Period	Employer Name	Prepared by	Phone	Page
B123	L	2	07/1999	Example, City of	Dawn Riley	(360) 123-4567	1

Member Information				Earnings Information														
				Earning Period	Status	Compensation	Member Contributions		Employer Contributions		Hour/ Days		Begin Date		End Date		Seq No.	
SSN: 234 56 7890 Name: Moe, Joe				07	99	A	3044	00	255	33	458	67	176	0				
Gender: M Birth: 07/28/55 Type: 42							1523	00	129	15	80	26	72	0				
SSN: 234 56 7890 Name: Moe, Joe				07	99	B	0	00	0	00	0	00	0	0	07	07	99	07
Gender: M Birth: 07/28/55 Type: 42																		

E For Reporting a LEOFF 1 Member on Disability Leave

Use this code to report a LEOFF Plan 1 member on disability leave (authorized by the Disability Board) **for more than three days** within an earning period. When using this code, do *not* report basic salary, contributions, disability payments or hours of service.

If the employee is on leave for part of an earning period, use two lines on the transmittal for your reporting. On the first line, use status code A and report the member's basic salary, contributions, and hours of service for that portion of the month the employee worked. On the second line, use code E, enter a date in the Begin Date or End Date field to indicate when the leave started or ended, and report no salary, contributions, or hours of service. **(Disability leave of three days or less does not need to be identified on the transmittal report.)**

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rp (Dept)	m	rtng Period	oyer Name	ared by	e	Page
B123	L	1	07/1999	nple, City of	n Riley) 123-4567 1

Member Information				Earnings Information											
Member ID	Name	Status	Compensation	Contributions	Member Contributions	Employer Contributions	Days	Hour/	Begin Date	End Date	No.	Seq			
234 56 7890	Name: Moe, Joer		3044	00	480	66	486	07	176	0					
er: M	Birth: 07/28/55	Type: 42	1523	00	91	38	94	12	72	0					
234 56 7890	Name: Moe, Joe		0	00	0	00	0	00	0	0					
er: M	Birth: 07/28/55	Type: 42													